banned exports of critical foodstuffs, disrupting supplies for neighbors and trading partners and sending shock waves through the global markets.

Import-dependent countries such as the Philippines are left with no choice but to pay top dollar to forestall future crises. Others have added artificial incentives to attract food imports. These counterproductive actions only exacerbate food shortages and foster a beggar-thy-neighbor approach. The United States must work with the U.N. and other international actors to press countries against adopting such counterproductive measures. We must start looking at mid- and long-term strategies for helping countries deal with this crisis.

Higher food prices not only increase the potential for humanitarian disasters, they can also spark political instability and impact U.S. foreign policy. We have seen the devastating effect the food shortage has had on developing nations around the world, sparking violence and riots and putting added pressure on already fragile and underresourced governments.

Last week we saw protesters in Haiti chanting ''we are hungry'' and forcing out the Prime Minister. Food riots erupted in Egypt and Ethiopia, and troops were used in Pakistan and Thailand to protect crops and storage centers. According to the U.N. Food and Agricultural Organization, 37 countries are now facing a food security crisis and are at risk of a food-related upheaval.

In areas of vital concern to U.S. national security, such as Afghanistan, the food crisis threatens hard-fought progress we have achieved in peace, stability, and reconciliation. In Darfur, where the refugees and internationally displaced have already suffered under war, famine, and genocide, the international community may be forced to cut food supplies. The United States can serve its national security and humanitarian objectives by fully funding overseas emergency food assistance programs.

In March, I sent a letter to the Appropriations Committee along with Senator DURBIN and a number of other Members of the Senate calling for a $200 million increase in the fiscal year 2008 supplemental budget request to address the predicted shortfall in U.S. food assistance programs. Although President Bush directed the Agriculture Secretary to take out $200 million from the Bill Emerson Humanitarian Trust to help with the crisis, this is only a short-term fix. The United States must do more by increasing our bilateral and multilateral contributions in funding to replenish the trust.

Supplemental funding in PL 480 title II programs is essential to maintain current food aid programs at current levels and meet the increased cost of food, freight, and fuel production. America can do more, and we must. While I don't claim to have all the answers to this mounting domestic and international crisis, I do believe this is an issue deserving the full attention of the Senate. We need to begin this effort with final passage of the 2007 Food and Energy Security Act and continue by including funding for domestic and international food aid in the supplemental appropriations bill. But these measures in and of themselves will not be enough.

We must act, we must legislate. The moral gravity of this food security crisis cannot be overstated. It is a matter of economic justice. It is also about preserving human life and alleviating suffering. It is also a matter of national security.

I yield the floor, suggest the absence of a quorum, and ask unanimous consent that time under the quorum call be evenly divided.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. ENZI. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. ENZI. Mr. President, I ask unanimous consent that I be allowed such time under morning business as I might consume.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

HEALTH INSURANCE

Mr. ENZI. Mr. President, I just got back from Wyoming. I am in Wyoming almost every weekend. I travel to a different part of the State each time so I can see all the people. As a result, I do not do any polls. If you talk to more people in a weekend than pollsters cover when they do something, you can get a pretty good feel for what is happening.

I did run across a national poll, and the poll said the No. 1 concern on the minds of people in America was jobs and the economy. They said the No. 2 concern was health care. There is an interesting little anomaly in No. 1 and No. 2, which is when you talk to people about No. 1, jobs and the economy, one of the reasons they are concerned about jobs and the economy is because they don't want to lose their health insurance. If their job disappears, they are out there in the market and they don't have the coverage.

So I am going to talk about health care today. I have been talking to a lot of folks about health care, which isn't difficult because it is on everyone's mind these days. During the last work period—and we sometimes call it a recess, but I prefer to call it a work period because I usually travel from 1,000 to 5,000 miles around my State during that time—I went on a 10-stop tour of Wyoming. In just over 3 days, we drove over 1,200 miles and visited 10 towns and I met with lots of Wyomingites. I even spoke to people at several stops who live outside those 10 communities but drove miles and miles to come to our meeting. Wyoming does have miles and miles of miles and miles—about 400 miles on a side—and it is a long way between towns.

The dedication and passion of the people who live in the towns and the people who drove all those miles strengthens my commitment to getting something more done about health care. We need to do something. A lot of people feel more economically secure when they have health insurance. They know that if they have health insurance and something happens or they get sick, they will be able to get the care they need without mortgaging their home or going bankrupt. That is another concern on their mind. Nobody should have to worry about that. Everybody should be able to carry a health insurance card in their wallet.

The news isn't all bad, however. There have been plenty of wonderful things that have come from our health care system in recent years. Each year, new technologies are being invented and new drugs are being created that allow people to live longer and healthier lives. Researchers are finding cures for diseases, and parents are able to take care of sick children. They are able to take them to clinics in shopping centers and pharmacies to get throat cultures and flu shots. Plenty of good things are happening, but we can do better.

Now, during my Wyoming work periods, my wife Diana and I travel around and talk to folks about health care. I listen to what they tell me about the problems they are having and I bring that information back and I compare it to what my colleagues are saying. One of the things I do is to teach the East about the West. So when I am in DC, I usually have to explain to folks how Wyoming is different, how a plan designed around New York or Massachusetts would not work for Wyoming. I have to tell them it can be hard to get doctors and nurses to come to Wyoming. The smaller the town, the harder it is to attract good people. I remind the people in the East that we have a lot of people who work at the mines and in the oil patch and in the natural gasfields. They work hard for their hourly wages doing difficult and dangerous tasks. The type of health care they need is different than the type someone working at a computer needs. How do we help the construction worker and the computer technician both get better health care that fits their unique needs at a more reasonable price?

My position on the Senate Health Committee has allowed me to do a lot of research on this subject. I have talked to patients, health care providers, scientists, and financial advisers. You name it and we came up with a plan that I think is flexible enough to work for everybody.

The bill I have put together is called Ten Steps to Transform Health Care in America. The bill would get everyone an insurance card to carry in their wallets and purses. If you already have an insurance card, the bill will make sure you get to keep the card by wrangling in health care costs until they are affordable. The biggest danger people who have an insurance card have is costs are going to become so astronomical that it would not be offered anymore. We have to see that doesn't happen.

Why 10 steps? Well, I have discovered, over the course of the years I have been in the Senate, that if you put together one massive, comprehensive bill that solves everything, you will get a lot of discussion, but you would not get many results because one piece will have 5 people who don't like it, another piece will have 8 people who don't like it, and another piece will have 11 people who don't like it, and another piece will have 3 people who don't like it, and pretty quickly you are at 51 votes against you and you cannot get the bill done. When you try to do something comprehensively, it often looks revolutionary. We don't do things ''revolutionarily'' in the Senate. We do them ''evolutionarily.'' So I put together 10 pieces. If we don't get all 10, or even if we only get one, it is not a problem because any 1 step gets us closer to having every American insured. All 10 together would get every American insured. I will briefly walk you through all 10 steps.

In order to understand how the bill works, it is important to review a few facts of the history of health care insurance in our country. Right now, about 60 percent of the people under age 65 are getting their health insurance through their jobs. The question is, why are 60 percent of Americans getting their health insurance through their jobs? The short answer to that question is because of the way employer-sponsored health care insurance is treated for tax purposes.

Our current health insurance system is biased toward employer-based coverage due to a historical accident. The wage controls of World War II increased competition among employers for recruiting the best employees and incentivized employers to offer health benefits instead of increased wages. They weren't allowed to offer increased wages. In 1954, Congress codified the provision declaring that such a contribution would not count as taxable income. This tax policy made it very favorable for individuals to get their health benefits through their employers and, consequently, has penalized individuals who get their coverage through the individual market.

The Joint Committee on Taxation estimated that removing this tax bias and a few related health care tax policies will save the Federal Government $3.6 trillion over the next 10 years. That is real money—even in Washington. That is a lot of money that can and should be used to expand choices and access and give individuals more control over their health care. Ten Steps ensures every American can benefit from these savings—whether they get health care from their employers, from the individual insurance market, or they decide they want to get off Medicaid and switch to private insurance. That is one of the options.

How does this bill do it? The plan gives all Americans that have at least a certain amount of health insurance a standard tax deduction. The national above-the-line standard tax deduction for health insurance will equal $15,000 a year for a family and $7,500 for an individual. The bill also gives low-income folks a tax credit equal to $5,000 for a family and $2,500 for an individual. The subsidy amount phases out as incomes get higher, so some folks would not be eligible for the subsidy, but everyone is eligible for the standard deduction I mentioned first.

The bill takes this hybrid approach of coupling the standard deduction proposal with the tax credit proposal because I think it is the best way to ensure no particular group of people is adversely affected. I know some folks are advocating for just a standard deduction, and other folks are advocating for a tax credit. My plan does both, but I am supportive of all approaches. I am pleased so many colleagues agree we need to fix the flawed Tax Code. The bottom line is we need to get something done. Correcting the flawed Tax Code will make it easier for working Americans to buy health insurance. Jobs don't need insurance; people do.

One of the things this tax policy would do is encourage more companies in the insurance business to provide more options to the people. The options would vary in price, bringing prices down through more competition. We talked about Medicare Part D and got that instituted in the United States for the cost of pharmaceuticals to seniors to go down. I was concerned about how that would work. Wyoming has a low population. I think it will be about half a million in the next census. I wasn't sure we would be able to attract competition to our State. There is a little provision in Medicare that says if there isn't any plan interested in bidding, the Federal Government will provide a plan. In Wyoming, we had 49 companies bidding for each person's pharmaceutical work. It gave a lot of options and, more importantly, it brought the price down about 20 percent before we ever got started. That is what competition does. We also need to make sure the insurance is portable; that when one person changes jobs, they can be sure they still have their insurance. Some people are locked into jobs because they, or a family member, have a preexisting condition that will preclude them from getting insurance if they change.

The fourth step gives small businesses greater purchasing power to reduce the cost of insurance plans. Right now, a lot of rules are in place that prohibit groups of businesses from getting together and pooling their purchasing power across State lines—in fact, across the whole United States—so they can negotiate better deals on insurance cards. That doesn't make sense. If a group of shoe stores in Wyoming wants to get together with other shoe store owners in Montana and Colorado and the rest of the United States and band together to get a greater discount on health insurance, they should be allowed to do so. This isn't a brand new concept. Some States have enough population that they are able to do this anyway within their State borders. Ohio is a great example. They have been intensely interested in this piece of legislation. They have put together the small business health plan within their State, and it has saved a tremendous amount of money. They were inventive enough to do it in the first place and smart enough to know if they can expand across State borders and across the United States, they can reduce those prices a lot more. We should not be keeping them from doing that.

I mentioned earlier that jobs don't need health insurance, people do. Right now, when a small business wants to get health insurance for employees, they contact the health insurance agent and tell the agent how many are employed and they give information about the employees and then the agent quotes a price for offering health insurance to those employees.

Right now, there are some Federal rules in place that govern that process for small groups of employees and make sure the groups are fairly treated by insurance companies. The protections provide assurances to consumers that insurers will deal with preexisting conditions fairly and provide coverage—even to small groups. This has helped keep costs down for small businesses, but more needs to be done, especially given that none of these rules apply to individuals who purchase health insurance on their own. At a minimum, we need to make sure individuals get treated the same way groups get treated.

The fifth step blends the individual and group market to extend important HIPAA portability protections to the individual market so insurance security can better move with them from job to job.

The sixth step is possibly the most critical and one we must take to reduce medical costs across the board. This step moves our system from one that provides sick care to one that provides health care. That is an important distinction. As Ben Franklin said: ''An ounce of prevention is worth a pound of cure.'' We need an innovative system that will do more to help Americans prevent and manage chronic illness, so they can live healthy lives with fewer medical costs. The Ten Steps plan would do that.

The seventh step gives individuals the choice to convert the value of their

Medicaid and SCHIP program benefits into private health insurance, putting them in control of their health care, not the Federal Government. The rationale for this step is simple: If the market can provide better coverage at a lower price, then why not allow Americans to access that care?

This gives low-income individuals more options about where they can receive care and what care is available. It is time for people to start making decisions about their care. Let's get the Government out of the doctors' offices.

The eighth step is one that Congress has come close to passing in years past—a bipartisan plan to encourage the adoption of cutting-edge information technologies in health care. The health care industry is the last industry to go digital. Think about what technology has done to revolutionize every other industry and how it has led to a more efficient use of time and resources. The health care industry should not lag behind. The time has come for health information to go digital so we can save thousands of lives and billions of dollars.

Mr. President, did you know that you own your own health care record? I would like to know how many of my colleagues have theirs with them. I am willing to bet none not even me. Try to get your health care record some time. But you ought to have your health care record on a card you carry with you that has everything about you so if you come from Wyoming out to Washington, DC, and you get in a wreck, the doctor who is taking care of you can have all of the information he needs to make sure that while he is taking care of you, he is not hurting you another way. Right now, some of that technology is available in Wyoming, and some of that technology is available here. The difficulty is the card in Wyoming cannot be read here, and the card here cannot be read in Wyoming. Of course, we hope people will come out to Wyoming for a vacation, and we hope they do not get in an accident. If you are in Yellowstone Park, Grand Teton Park, or other beautiful places in Wyoming, if you get sick, we want the doctor there to have all the information he needs to be sure you are taken care of. That is possible now. We just need a standard of getting that information from one part of the country to another. You can take your ATM card anywhere in the world and get cash, but you cannot take your medical records anywhere.

There is another big problem with medical records. You go to one provider, and he has a test done. He sends you to a specialist. The specialist says it is going to take too long to get the test over here, this is important, and it is an emergency, so they do the test again. Do you know how much the tests cost? Sometimes $3,000, $4,000, $10,000, and they are duplicated. The RAND Corporation said duplication of tests may be costing us as much as $140 billion a year. That is real money. That is real money that could be spent on health care and health IT.

Some are concerned about the impact of health IT and electronic health records on the security of personal data, data security. Let me assure my colleagues that protecting patient information is a very high priority of mine, and nearly every section of this bill demonstrates it.

The health IT bill does a lot to build on protections we already have in place. The bill establishes the American Health Information Community which is made up of experts representing a complete cross section in health care, consumer, and technology communities.

The American Health Information Community is charged with providing the Secretary of Health and Human Services recommendations concerning national policies for adoption by the Federal Government to ensure that patient data remain secure. But there is another important part to this. The companies that are putting together these programs that we assume will have standardization so they can be used in all parts of the country have a real desire and a real need, if their product is going to be lasting, to be sure there is data security. They work on that every day, just as the banks work on your ATM card every day to make sure somebody is not getting your money. It should not be a worry.

The ninth step of the bill is one of the most important steps for frontier areas such as Wyoming. An insurance card in your wallet will not do any good if there is not a doctor or hospital around when you need care. If there are not enough nurses working in that hospital or no one is working at the desk to admit you, a health insurance card will not help you very much.

The 10-step plan addresses this problem by helping future providers and nurses pay for their education and encouraging them to serve in areas of great need. The plan provides competitive matching grants for States to encourage nurses to return to the profession after having left the workforce for 3 years or more.

People are living longer. People can be active longer. We need to encourage more people to stay in the workforce longer. This will do it for nurses and help solve a tremendous problem seniors are going to have.

The plan also boosts the current programs we have that are working well—the Community Health Centers Program and the loan repayment programs for the National Health Service Corps. Those community centers are providing a lot of health care to a lot of people who would not be able to get health care otherwise. We have the reauthorization ready to go on that issue and almost complete.

Another piece that is critical to Wyoming, the 10-step plan builds on the success of the current rural health care programs by ensuring the appropriate development of rural health systems and access to care for rural patients.

One of the things that continues to be very important to me as I work on this 10-step plan is listening to real folks about what they want from their health care. One thing I heard over and over is that seniors want to stay in their homes longer. They do not want to go to nursing homes if they don't have to. Sadly, because of the way our laws are written and the way our reimbursement policies are structured, folks are sometimes left with no option but to go to a nursing home. If the policies were different and there were more options and there were more flexibility, seniors could stay in their homes longer.

My plan works to do just that by putting the emphasis on community and home-based care, which is often much preferred, less costly and proven to increase the quality of life. One way to do this is by supporting programs such as the Greenhouse Project which creates a community setting rather than an institutional setting.

The final step of the 10-step plan decreases the skyrocketing costs of health care by restoring reliability in our medical justice system through State-based solutions. No one—not patients or health care providers—is appropriately served by our current medical litigation procedures.

Right now, many patients who are hurt by negligent actions receive no compensation for their losses. Those who do receive a mere 40 cents of every premium dollar, given the high cost of legal fees and administrative costs. That is simply a waste of medical resources.

Additionally, the likelihood and the outcomes of lawsuits and settlements bear little relation to whether a health care provider was at fault. Consequently, we are not learning from our mistakes. Rather, we are simply diverting our doctors, and they are spending more time in the courtroom. When someone has a medical emergency, they want to see a doctor in an operating room, not in a courtroom.

Those are the 10 steps. As I mentioned before, I worked on 10 steps so we can break the steps into separate bills and move them one at a time in a moveable, reasonable piece. Despite the intentions of Congress, we have to work in incremental doses rather than monumental doses in order to get anything done.

Some of the steps I have mentioned are newer ideas that still need some time to be worked out and will still need some tinkering around the edges, but some of the steps I went over today are ready to go. Health IT could be done any day this week. Those bills are drafted, they are stand-alone bills, and they are ready to move through Congress at any time. We need to do it.

Some people say this is a Presidential election year; what do the candidates think about it? What do they think about it? They are covering that a little bit. I think Senator MCCAIN made a speech earlier today about

health care and some of the things he intends to do with it. I have heard other speeches from other candidates. We do not need to wait for a Presidential election to do something in health care, to do anything in health care. When a person gets elected President, they give us pretty good suggestions, but they no longer get to vote on any of the issues. We have to do the votes. We have to draft the legislation. We have to do the debate. There is no reason to wait until we have a President, no need.

There is a need—a critical need, an understood need—by the people of America that we need to do something on health care and we need to do it right now. It is such an issue of great concern to the American people that it transcends politics as usual.

I never ask when I am in Wyoming whether a person is a Republican or Democrat when they bring me an idea or a problem. I just want to know what the idea is or what the problem is, and I do like it when they provide a solution with it as well. If it is doable, we do it. That is what we need to do on health care.

If we make sure that we transcend politics, if we get away from the polarization of a political year, we will have an opening to get something done that will help patients and doctors.

I am going to suggest we use my 80-percent rule. I came to Washington as a firm believer in the 80-percent rule. That is, we can reach agreement on 80 percent of the issues and we are probably never going to reach agreement on the other 20 percent. By focusing on 80 percent of the issues we can agree on, we can get something done. If we continue to let the 20 percent we disagree on serve as a roadblock, we will let some great opportunities pass. That is something we cannot afford to have happen again and again.

I truly hope this is the year we stop talking about health care and start doing something about it because Americans cannot wait another year. They do not want to wait for an election to see some changes. They certainly do not want to wait another year to stop their health care costs from going up and up. They want to see change, and they want to see change now.

Our small business owners, our working families, our millions of uninsured cannot afford to wait, and we can do it. We can do it now, and we can do it together.

Last week, we passed the genetic nondiscrimination bill. That has the potential to provide health care as opposed to sick care. That has the potential to let people have their blood tested to find out what possibilities there are to what could happen to them based on their genetic information so they can keep that from happening.

What the bill does is make sure that the information you get from that testing cannot be used against you by your insurance company or your employer. That should give you encouragement to find out more about yourself so if there is something that could be a preexisting condition, you can keep it from becoming a preexisting condition and your insurance company cannot make it a preexisting condition until it actually happens.

We have a chance to do a lot of things in health care. We have done something in health care. I hope we will get health IT done in health care this week or next week. There is no reason we cannot. The small business health plans, to let the companies group together over State lines, there is no reason that cannot get done. There are several ideas out there that have been put together well that can be combined to get something done. I hope it goes through the regular process, which means through committee. I also noticed legislation that does not go through a committee around here does not get done, and that is because it has not had that chance to be worked on in a very individual way. When we are in committee and doing a markup and there is a problem three or four people have, they can go off and work on that problem and come up with a solution. Sometimes it is a compromise; sometimes it is leaving something out; sometimes it is a brandnew way. That is where the innovation happens, in committee. Whenever we avoid the committee, what we are saying is: We have this legislation we want to shove down your throat. It will help make each side take some bad votes, and this is an election year, so maybe we should have some bad votes. I don't think that is necessary. I think there are solutions out there, solutions we can reach agreement on, solutions we can finish, and what is more, I think the American people expect it and, more importantly, demand it. We can do it. Let's do it.

I yield the floor.

Mr. DURBIN. Mr. President, is there a unanimous consent agreement with respect to the order of speaking or the time?

The ACTING PRESIDENT pro tempore. There is no consent with respect to the order of speaking.

Mr. DURBIN. It is my understanding there is 39 minutes remaining on the Democratic side?

The ACTING PRESIDENT pro tempore. The Senator is correct.

Mr. DURBIN. I ask unanimous consent to be recognized for 9 minutes and to be notified by the Chair when that time has expired.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

NEGLECTING AFGHANISTAN

Mr. DURBIN. Mr. President, so much of the debate here in the Senate is consumed by the seemingly endless war in Iraq. I just left a hearing of the Democratic policy conference. It was the 13th hearing relative to the waste and abuse that took place during the course of this war. To think that we have spent almost $700 billion in the course of this war and how much of it has been wasted. We asked those who were testifying who were actually on the ground a few years ago in charge of allocating equipment and watching conduct. The estimates ranged from 30 percent to 80 percent of the money spent being wasted—taxpayers' dollars, dedicated to make a safer place for our troops—actually wasted and stolen. Unfortunately, little or nothing has been done about it.

The hearing from the Democratic policy conference began with Senator DORGAN back when the Republicans were in control of Congress and refused to hold the same hearings in the official committee structure. Now there are more hearings and more investigations both on the House and Senate side. But we can only hope, when a new President is elected, that President will decide it is time for a thorough investigation of the billions of dollars, taxpayers' dollars, that have been wasted in this war in Iraq—money not spent to make our troops safer, not spent to achieve our objectives but, rather, to line the pockets of greedy people.

This isn't the first war in which this has happened, but it is certainly the only time I can recall when an administration has been so cavalier when it comes to this occurrence.

We talk a lot about the war in Iraq. We should not forget what is happening in Afghanistan. This is a war that was declared shortly after September 11, unanimously in the Senate. Given how much blood and treasure has been lost in Iraq, it is easy to forget the stakes in Afghanistan.

Afghanistan was the original home for al-Qaida. It is where Osama bin Laden planned his attack on the United States. He may very well still be alive in the border area of Afghanistan or nearby in Pakistan. If Taliban hosts freely allowed al-Qaida terrorists to train in camps there, we understand the threat that could pose. The Taliban also ruthlessly suppressed its own people, particularly its women.

Let's remember what the 9/11 Commission said about Afghanistan:

> Bin Ladin appeared to have in Afghanistan a freedom of movement he lacked in Sudan. Al-Qaida members could travel freely within the country, enter and exit it without visas or any immigration procedures, purchase and import vehicles and weapons. . . . The Taliban seemed to open the doors to all who wanted to come to Afghanistan to train in the camps. The alliance with the Taliban provided al-Qaida a sanctuary in which to train and indoctrinate fighters and terrorists, import weapons, forge ties with other jihad groups and leaders, and plot and staff terrorist schemes.

Why revisit this history? Because the Taliban and al-Qaida have been regrouping along the Afghan and Pakistan border. In fact, now, more than 6 years into the war in Afghanistan, we are at risk of losing some of our hard-